



2016/2017

Please return Application to
City of Macedonia- Finance Dept, 9691 Valley View Rd.

Applications must be submitted EACH year. This is an annual program.

Name: _____

Address: _____

Phone: _____ Applicant's Date of Birth: _____

Please indicate services requested:

- 2016/2017** Winter Snow Removal
- 2016/2017** Rubbish Disposal
- Gutter Cleaning (performed one time)
- ALL**

List **ALL** persons (including yourself) residing at above address –

_____ Age: _____

_____ Age: _____

_____ Age: _____

Please attach a copy of **one** of the following:

A copy of your state driver's license, Ohio State identification card, -OR- a copy of your Birth Certificate (if submitting a birth certificate you must provide a copy of utility bill for proof of residency.)

If applicant is **DISABLED** and under the age of 65, a current physician's note of verification is **required**.

<u>Household</u>	<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>
Income	\$23,450	\$26,800	\$30,150

All applicants **MUST** submit a copy of 2015 tax return – OR –

Current Social Security and Pension Statement.

A current bank statement to verify income for Direct Deposit is also acceptable

– SIGNATURE REQUIRED –

**PLEASE RETURN APPLICATIONS TO: City of Macedonia, 9691 Valley View Rd.
Attn: Finance Dept**

WHEN THE CITY OF MACEDONIA UNDERTAKES TO REMOVE SNOW AND/OR COLLECT RUBBISH FOR THE BENEFIT OF THE PARTICIPANT, SUCH PERSON AGREES TO BE BOUND BY THE FOLLOWING:

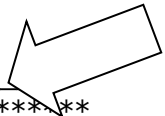
- (1) These Programs are for the benefit of **low income residents** of the City ages 65 years or older and/or the seriously disabled or handicapped (**who have no one living with them capable of shoveling snow**).
- (2) Each party applying for the Program shall **reside at the address indicated**, and **intend to be in the City**. If for any reason either of the services above may not be needed during a significant duration such party shall immediately notify the Mayor's office when plans are changed.
- (3) **THE CITY OF MACEDONIA AND/OR THE CONTRACTOR HIRED TO PLOW CITY DRIVEWAYS AND/OR REMOVE AND DISPOSE OF RUBBISH IS NOT RESPONSIBLE FOR ANY DAMAGE DONE TO PRIVATE PROPERTY.**

- (1) Snow removal shall not take place unless there is an accumulation of at least 3 inches of freshly fallen snow upon the area plowed; and only once in a 24 hour period. Drifting snow does not apply to accumulation of inches. The Snow Removal Program is **unable** to accommodate immediate, on demand, response to a homeowner's request for snow removal.
- (2) All Rubbish Disposal applications received will be processed for the following rubbish billing cycle. Billing occurs quarterly as follows: 10/1/16 – 12/31/16; 1/1/17 – 3/31/17; 4/1/17 – 6/30/17; 7/1/17 – 9/30/17. If applied during a current billing cycle – will not be added until the following billing cycle. No pro-rating. The Rubbish Disposal program expires on 9/30/17.
- (3) Gutter Cleaning – to take place one time per year. Gutters only on first level will be cleaned for safety reasons. Work will be performed at a time determined by the Service Director.

The City intends to utilize contractors to provide the service, but in any event, the City and its elected or appointed officials, agents, employees, and representatives shall be HELD TOTALLY HARMLESS FROM ALL LIABILITY by the undersigned participant for any damages or injuries to persons or property due to participation in the Program. The undersigned participant, and his/her heirs, successors, assigns, or agents, in consideration of the services to be provided by the City under the Program, agrees to reimburse the City fully for any and all legal expenses incurred as a result of any such claimed damages or injuries.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL TERMS OF THE ABOVE AGREEMENT.

→ **APPLICANT'S SIGNATURE:** _____ Date: _____



OFFICE USE ONLY-----OFFICE USE ONLY-----OFFICE USE ONLY-----OFFICE USE ONLY
THIS APPLICATION HAS BEEN ACCOMPANIED BY:

- OFFICE USE ONLY**
_____ type of age document. Requirement _____ (employee initial here)
- OFFICE USE ONLY**
_____ type of income doc. Requirement....Employee verification _____
- OFFICE USE ONLY**
_____ disability document. Requirement (if applicable)

Approved by: _____ Date: _____
Mayor Joseph Migliorini